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Living-related kidney transplantation in pediatric recipients

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Sirs,

We appreciate the comments of Troppmann et al. [1] concerning our previous experience [2]. Their report confirms the high degree of satisfaction of parental donors with the decision-making process and the peri- and postoperative procedures in living-related kidney transplantation (LRKT). In addition, they highlight the fact that specific circumstances in pediatric transplantation, i.e., the parent-to-child bond, is the main driving force towards LRKT, even superseding medical concerns. Although the improved operating technique, i.e., laparoscopic donor nephrectomy, did not influence the donors' perspective and decision towards LRKT, the beneficial effects of less pain and faster rehabilitation of the donors and reduced costs are welcome by all partners in the field of pediatric renal transplantation. However, the debate is still open regarding

some concerns that laparoscopic donor nephrectomy might be a risk factor for delayed graft function and acute rejection in young recipients [3], although long-term graft function was not impaired [4, 5].

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